

Paraprofessional Needs Assessment Survey

Montana Office of Public Instruction

November 1, 2007

Dear Respondent:

This survey requests information about your current role and responsibilities as a needs for professional development as a paraprofessional. It should take about 5 to 10 minutes to complete. The responses will tell us what the current conditions of paraprofessionals in education are throughout the state. This ongoing assessment is the only way we have to gather information to make important recommendations on current practice and policy. Your response is very important.

You have the option of filling out the hard copy of this survey or completing the ONLINE survey by going to <http://www.opi.mt.gov/CSPD/Para.html> and clicking on **Paraeducator Needs Assessment**.

If you have any questions or comments, please contact Susan Bailey Anderson at 406-444-2046 or Nancy Marks at admin@cspd.net or 406-728-2400 ext 1088

Please complete and return this survey by **November 20, 2007.**

Fold and staple or tape and send to:

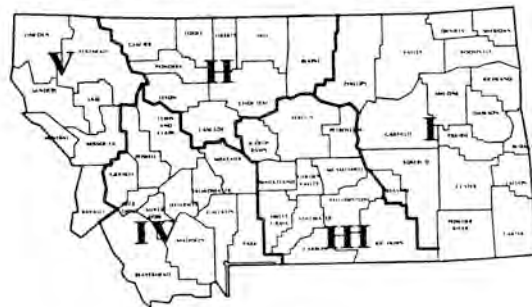
Dr. Linda L. Reiten
School of Education
University of Montana-Western
701 S Atlantic Street
Dillon, Montana 59725

PLEASE RESPOND TO ALL THE QUESTIONS

1. Please indicate the CSPD Region in which you live.

- ☐ Region I
- ☐ Region II
- ☐ Region III
- ☐ Region IV
- ☐ Region V

Montana CSPD Regions



2. Please indicate the location that best describes where you work.

- ☐ Class AA School District
- ☐ Class A School District
- ☐ Class B School District
- ☐ Class C School District
- ☐ Special Education Cooperative

PREPARATION

3. What level of certification/ education have you attained you have attained?
(check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> College 4 Year Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Some Graduate Work |
| <input type="checkbox"/> Technical College | <input type="checkbox"/> Master's Degree or Beyond |
| <input type="checkbox"/> Some College/ No Degree | |
| <input type="checkbox"/> College 2 Year Degree | |
| <input type="checkbox"/> Paraeducator Certification through Assessment: | |
| <input type="checkbox"/> MEA-MFT PASS Certification | |
| <input type="checkbox"/> ACT Work Keys Certification | |
| <input type="checkbox"/> Other please specify: _____ | |
4. Do you met the requirements as a highly qualified paraeducator for your district?
- | | |
|------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | |
5. If you have transferred to another district, have you had any difficulty with maintaining your highly qualified status from district to district?
- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> N/A |
6. How long have you been a paraprofessional?
- | | |
|---|---|
| <input type="checkbox"/> 1 st year | <input type="checkbox"/> More than 10 years |
| <input type="checkbox"/> 1-3 years | |
| <input type="checkbox"/> 4-9 years | |

GENERAL WORK RESPONSIBILITIES

7. What are your area(s) of responsibility? (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Health |
| <input type="checkbox"/> Regular Education | <input type="checkbox"/> Speech Language |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Other |
8. How many hours per week do you typically work?
- | | |
|---|---|
| <input type="checkbox"/> 1-10 hours per week | <input type="checkbox"/> 21-30 hours per week |
| <input type="checkbox"/> 11-20 hours per week | <input type="checkbox"/> 31-40 hours per week |
9. What age level are the students with whom you work? (Please check ALL that apply)
- | | |
|---|--|
| <input type="checkbox"/> Birth through age 5 | <input type="checkbox"/> High School |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Transition (ages 18-21) |
| <input type="checkbox"/> Middle School/ Jr High | <input type="checkbox"/> Other: _____ |
10. How often do you have non-student contact planning time with the certified/ licensed staff who direct your work with students (check one)
- | | | |
|-------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
|-------------------------------|---------------------------------|----------------------------------|
11. Is the time equate to perform your duties?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

SKILL LEVEL AND NEED FOR ADDITIONAL TRAINING

Please rate each statement as to your skill level for each of the following areas.

KNOWLEDGE IN AREA OF READING, WRITING AND MATH

12. Effectively and consistently assist students in reading.

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Effectively and consistently assist students with written language.

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Effectively and consistently assist students in math.

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBERS of PROGRAM IMPLEMENTATION TEAMS

15. Interact constructively with and demonstrate respect for learners, families, and other school/agency personnel

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Contribute relevant objective information to teachers/ providers to facilitate planning, problem solving decision making, and engage in flexible thinking.

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Demonstrate sensitivity to diversity in cultural heritages, lifestyles, and value systems among children, youth, and families

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAINTAINING LEARNER-CENTERED SUPPORTIVE ENVIRONMENT

18. Implement proactive behavior and learning strategies developed by teachers/ providers that maintain supportive and inclusive learning environments

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Follow and use prescribed district/ agency policies and procedures to ensure the safety, health, and well being of learners and staff.\

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLANNING AND ORGANIZING LEARNING EXPERIENCES & ENVIRONMENTS

20. Record relevant information about learners using graphs and charts to assist in the learning process (i.e.. reading, writing, math)

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Assist teachers/ providers with modifying learning materials and activities to meet the needs of individuals with different ability levels, learning styles, or language backgrounds. (i.e. reading, writing, math)

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGAGING CHILDREN & YOUTH IN LEARNING EXPERIENCES

22. Develop and maintain effective interaction with a wide diversity of learners

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Carry out teacher/ provider-developed proactive behavioral strategies

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Use developmentally- and age-appropriate strategies, equipment, materials and technologies as directed by teacher/ provider.

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Use teacher/ provider-developed positive behavioral and instructional strategies and procedures that facilitate the learning of children and youth with challenging behaviors and diverse learning styles.

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Use computers and other instructional technology in a purposeful manner to assist instruction and facilitate learning in areas of reading, writing and math

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Use strategies as directed to facilitate effective integration into various settings (e.g. libraries, computer labs, lunchrooms, playgrounds and buses)

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Follow and carry out teacher/provider plans for strengthening academic skills (reading, writing, math) for school-age learners

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSING LEARNER NEEDS, PROGRESS & ACHIEVEMENTS

29. Use assessment instruments, both standardized assessments and those developed by teachers/ providers, to document and maintain data. (reading, writing, math, behavior management programs)

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEET STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

30. Perform assigned tasks under the supervision of teachers/ providers in a manner consistent with professional and ethical guidelines established by the state or district/agency

1. Limited Skills	2. Some Skills	3 Moderately Effective	4 Highly Effective	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. What are your top two needs for professional development (training)

First priority: _____

Second priority: _____

THANK YOU FOR YOUR TIME AND ATTENTION TO THIS SURVEY.

Susan Bailey Anderson
Office of Public Instruction
PO Box
Helena, MT 59405

To:

Thank you for your time....
Your input is very important.

If you have any other comments,
Please write them on a separate piece
Of paper and include them with the survey
When you return it. Thank You.

Please Return.....

Please complete and return this survey by November 20, 2007

Fold and staple or tape and send to:

ATTN: Dr. Linda Reiten

Place
stamp
here

Dr. Linda L. Reiten
School of Education
University of Montana-Western
701 S Atlantic Street
Dillon, MT 59725